

A Mixed-Methods Evaluation of an Outpatient Methadone Linkage Pathway for Patients with Opioid Use Disorder

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Introduction

- The overdose crisis in the US has reached unprecedented levels, with fatal overdoses increasing especially among Black individuals
- MOUD is highly effective, but underutilized
- The Sustaining Peers in Emergency Departments (S-PED) program integrated peers into an urban Emergency Department (ED) to provide substance use navigation and MOUD linkage
- We sought to evaluate a novel pathway to directly link ED and hospital patients with methadone treatment at a community outpatient opioid treatment program (OTP)**

Methods

- Retrospective cohort study of patient outcomes (Jan 2023 – Aug 2024)
 - Systematic chart review utilizing EHR data
 - Collected outcomes data in collaboration with our partner Opioid Treatment Program (OTP)
- Qualitative study of patient perspectives
 - Semi-structured interviews (n=15),
 - Data analyzed using thematic content analysis

Results

Table 1. Participant Characteristics

Characteristic	Participants (n = 42)
Age, mean (SD)	43 (11)
Sex, n (%)	
Male	21 (50)
Female	21 (50)
Race/Ethnicity, n (%)	
Black (non-Hispanic)	12 (28.6)
White (non-Hispanic)	23 (54.8)
Hispanic	3 (7)
Other	4 (10)
Primary insurance, n (%)	
Medicaid	37 (88)
Medicare	4 (10)
Private	1 (2)
Housing status	
Unhoused/Unstable Housing	11 (26)
Permanent Housing	31 (74)

Key Themes

The methadone pathway...

1) enhances personal agency

“I’ve been through detox and rehab already. I have other things I need to work on right now and going through inpatient rehab seems like I can put my life on hold too much...So I feel like outpatient...I have the help and support that I need, but I’m still able to take care of other obligations that I have.”

2) Not only offers MOUD but other needed services

“The nurses, the doctors, the counselors, everybody there they deserve a medal, all of them...you don’t want to let them down. You don’t want to let yourself down either. So, it’s like an incentive to really go through it. They’re helping you, You see the effort, you see the kindness.”

3) requires peer support and navigation

“A lot of times if you try to do it on your own, you can’t get into nowhere. You got to have some kind of connect...Because I tried to get in rehab and outpatient for three months myself and it was so hard to get into. But soon as I got in contact with [a peer]...I got right in.”

4) should address patients’ social needs:

“To be honest, if I didn’t have a problem with getting back and forth, I wouldn’t have [stopped going to my outpatient clinic]... I enjoyed my therapist. I enjoyed my group too. I was okay with it. I felt pretty good for the first time. I would have kept going. But [the] transportation issue, that was the only problem.”

5) must still overcome stigma across care settings to be successful

“I got sent to the ED because I was going through withdrawal so bad, the doctor was like, ‘I’ll give you IV fluids but I’m not helping you with Methadone or anything like that.’ He discharged me because he knew I was a drug user.”

Results

Table 2. Primary Outcomes

Outcomes	Participants (n = 40)
Post-discharge	
Referrals returning for bridge dose	6 (15.0)
Peers engaged post-discharge (30 days)	17 (42.5)
Time until intake	
Days until intake, mean (SD)	4.7 (12.3)
0 - 1 day	17 (42.5)
2 - 7 days	8 (20.0)
8 - 30 days	0 (0.0)
No Intake within 30 days	15 (37.5)
Retained in care at 30 days after intake	22 (55.0)

Conclusions

- Nearly two thirds of patients attended an intake appointment; over half remained engaged in care at 30d
- Patients perceived the the pathway to enhances personal agency with regard to treatment options
- Interviews also revealed the importance of peer support, social interventions, and ongoing focus on stigma in the implementation of a methadone pathway
- Our results highlight the feasibility and impact of peer-led, low-barrier methadone linkage pathways to enhance care and personal agency for selected patients with opioid use disorder**

Disclosures

- Our authors have no conflicts of interest to disclose

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